

TEXAS WOMAN'S UNIVERSITY
DENTAL HYGIENE PROGRAM
CONSENT FOR EVALUATION AND/OR TREATMENT

I, _____, understand that:
(Print name here)

Clinic Services: Services at the Texas Woman's University Dental Hygiene Clinic are offered primarily in the interest of education and training dental hygiene students.

1. **Services provided:** a health history review and blood pressure screening, limited oral examination (oral inspection). Oral cancer screening, preventive oral prophylaxis (regular cleaning to maintain health)*, non-surgical periodontal therapy (treatment for periodontal disease)**, radiographs (x-rays), assessment of risk status for oral diseases and customized oral hygiene instructions, pit-and-fissure sealants, cleaning of removable appliances, irrigation of periodontal pockets, and topical fluoride applications. Whitening services are limited.
*Oral prophylaxis procedures **MAY** require an additional appointment.
Non-surgical periodontal therapy **WILL require multiple appointments.
2. **Services NOT Provided:** Comprehensive examinations (including diagnosis of restorative needs), extractions, fillings, crowns, root canal therapy, fabrication of and/or repair to oral appliances (night guards, partial dentures, complete dentures etc.), sedation of any kind (nitrous oxide, oral, IV etc.), surgical procedures, and emergency treatment including prescriptions for pain relief.
3. **This examination performed in the Dental Hygiene Clinic is for educational purposes and does not constitute a complete examination; I understand that this must be done by my personal dentist.**
4. The dental hygiene services performed at the Texas Woman's University Dental Hygiene Clinic shall be without liability on part of Texas Woman's University, its faculty, staff and students. In consideration of such service(s), I specifically waive any claim I might otherwise have against them.
5. Radiographs are available upon written request as long as the HIPAA agreement is signed and dated by patient or guardian. Radiographs cannot be released when clinic is not in session (Christmas, spring, and summer breaks) unless prior arrangements were made with the receptionist during a regular clinic semester).

Important Features of Receiving Care at TWU's Dental Hygiene Clinic

1. **Considerably more time is required by a student to perform the dental hygiene services necessary than may be required in a private practice office.**
2. **I understand that I must return for as many appointments as are needed to complete treatment. I will not be given an initial appointment unless I agree to return to the clinic for further appoints if necessary. _____(initial)**
3. I understand that this clinic is in place to teach the students clinical dental hygiene skills. Patients are selected who best provide a good learning situation for students.
4. Students are required to fulfill a certain number of hours of instruction in the clinic of the Dental Hygiene Program. For this reason, it is necessary that I do not miss or break appointments. To do so will cause the student to lose credit for time that was set aside for me. I agree to notify the Dental Hygiene Program at (940) 898-2888 at least 24 hours in advance of my appointment if it is necessary to cancel an appointment.

Patient Responsibilities: My responsibilities as a patient are to: **Keep all scheduled appointments.** If I fail to appear for appointments, I will **NOT** be eligible to receive further treatment in the future, unless it is an isolated incidence and I have called to cancel my appointment at least 24 hours in advance _____
(initial)

1. **Arrive on time for my appointment AND stay for the entire appointment.** My reserved appointment will only be held for ten minutes. Therefore, if I arrive late, my scheduled appointment may be given to someone else. After more than one late unscheduled arrivals or early departures, I will **NOT** be eligible for further treatment in the future. _____(initial)
2. To provide accurate, up-to-date information concerning my dental and medical health history.
3. I understand that I may not leave unattended children in the Dental Hygiene Clinic waiting area, and children may not accompany me into the clinic area.

Program Responsibilities:

The students, faculty, and staff are expected to consider my rights as a patient. These rights include:

1. Considerate, respectful treatment.
 2. Continuity and completion of treatment.
 3. Informed consent:
 - a. Explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risk of no treatment and expected outcomes of various treatments.
 - b. Advanced knowledge of the cost of treatment in the clinic.
 - c. Access to complete and current information about my treatment.
 4. Treatment that meets the standard of care in the dental hygiene profession.
 5. Confidentiality of my treatment, records, and health status.
 6. Nondiscriminatory treatment regardless of race, color, religion, gender, sexual orientation, national or ethnic origin, age, military status, or disability which includes having or having been exposed to human immunodeficiency virus (HIV) and/or hepatitis virus (HBV).
 - a. Should a patient ask for accommodation related to discussion of protected health information, these discussions will take place in an individualized room that allows for privacy.
 7. Protection through standard infection control procedures.
 8. Referral for treatment which is beyond the scope of care provided by the Dental Hygiene Clinic or does not meet the educational goals of the Dental Hygiene Program.
 9. The patient may obtain a copy of dental hygiene records for a nominal fee; and the patient may offer complaints and/or suggestions to the clinic coordinator about the clinic services as a whole and/or concerning a specific student or faculty member.
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My signature on this consent form gives the Texas Woman's University Dental Hygiene Clinic, its faculty, staff and student's permission for my clinic records including patient information, x-rays, and photographs to be used for educational and research purposes.

No guarantee is made as to whether the patient will be contacted to schedule an appointment. The educational needs of the dental hygiene students determine whether an individual will or will not be treated in the Dental Hygiene Clinic. _____(initial)

If you feel the rights identified above have been denied to you, please contact or call the clinic coordinator or program director at (940) 898-2870.

My signature below means that I have read and agree to the conditions stated in the "Consent for Evaluation and/or Treatment form"

DATE: _____ SIGNED _____

_____ Check here if you are the parent or guardian of the above named patient. Parent or guardian must sign for a child und the age of 18.